

Name in Full		Mary Jane Bond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Morganza		County St Marys		MARYLAND
	Date of death	Month 10	Day 26	Age 1	Years 1	Months 2	Days
	Sex Female	Color or Race Colored		Birth- place Md			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Herman Bond			Father's Birthplace	
Mother's Maiden Name		Rochia Hebb-			Mother's Birthplace		
Name of person giving In formation		Jo Hebb			How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. B. Johnson
					Address		Morganza -
	Accident or Suicide?						



Name
in
Full

Susan Cornelias Collins

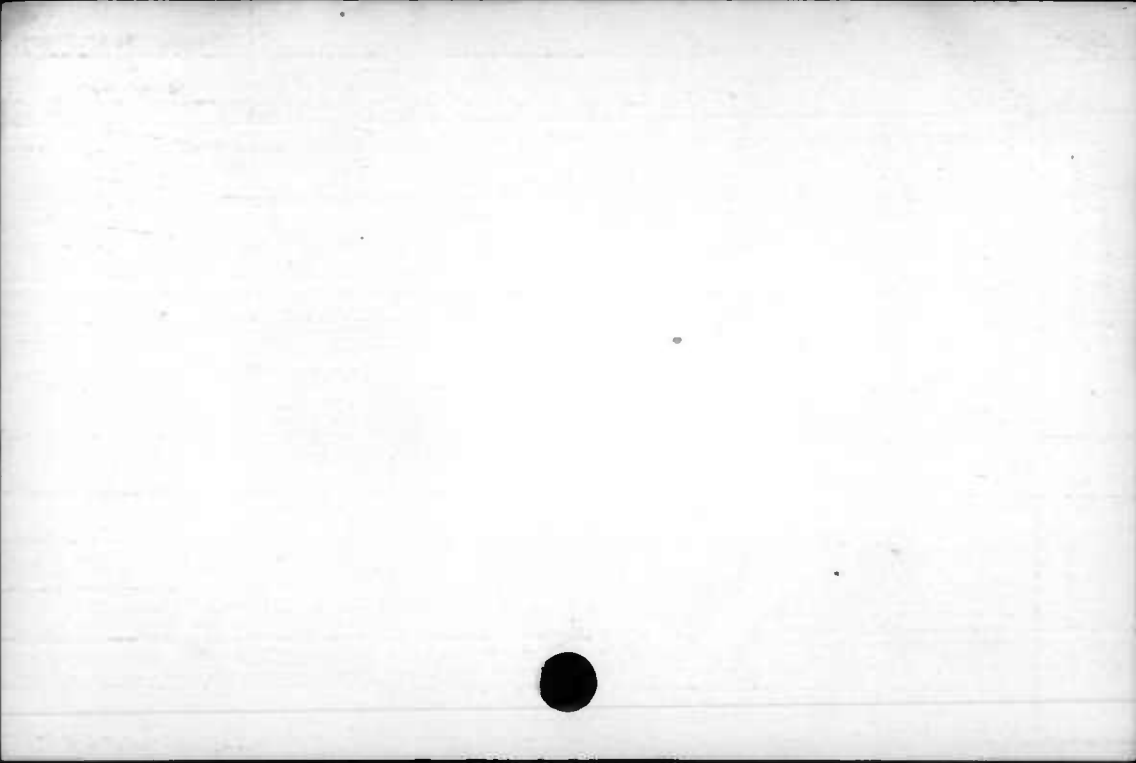
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Palmer		County St. Mary's		MARYLAND	
Date of death		Month 5	Day 6	Age	Years 38	Months 2	Days —
Sex Female		Color or Race Colored		Birth-place md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Joseph Collins					
Father's Name John Henry Bond		Father's Birthplace md					
Mother's Maiden Name Josephine Wilson		Mother's Birthplace md					
Name of person giving information James H. Bond		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis of Lungs		How long	4 months
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		Rott. V. Palmer		
		Address		Palmer	
Accident or Suicide?		md			



Name
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Full

CERTIFICATE OF DEATH

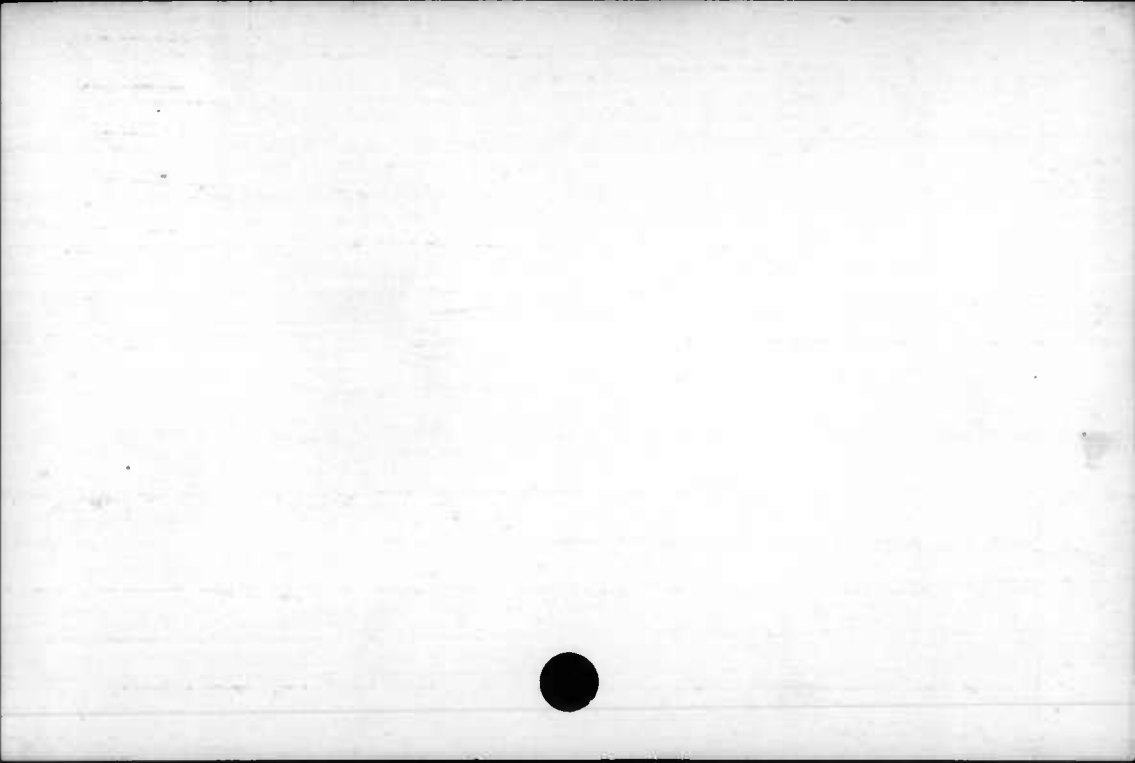
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles B. Herbert</i>		Town <i>Shealey Hill</i>		County <i>St. Mary's</i>		MARYLAND							
Died at <i>Shealey Hill</i>		Date of death <i>1906</i>		Month <i>June</i>		Day <i>3</i>		Years <i>2</i>		Months <i>11</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>St. Mary's Co.</i>		Occupation <i>_____</i>							
Married, Single or Widowed <i>_____</i>		Where Residing if not at place of death <i>_____</i>											
Father's Name <i>Lewis Herbert</i>		Father's Birthplace <i>St. Mary's Co.</i>											
Mother's Maiden Name <i>Mary Goddard</i>		Mother's Birthplace <i>St. Mary's Co.</i>											
Name of person giving In formation <i>Eccleston Brown</i>		How related to deceased <i>None</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>		How long <i>All its life</i>	
Immediate <i>Don't know</i>		How long <i>All its life</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Zach R. Morgan</i>	
		Address <i>Mechanicville</i>	
Accident or Suicide?		<i>Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <u>J. B. Boman Jones</u>		Town <u>Pearson</u>		County <u>St. Mary</u>		MARYLAND	
Died at <u>Pearson</u>		Month <u>June</u>		Day <u>Fourth</u>		Age <u>23</u>	
Date of death <u>1905</u>		Years <u>23</u>		Months <u>—</u>		Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Occupation <u>Mail Carrier</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Violet Jones</u>					
Father's Name <u>John S. Jones</u>		Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Batherine Jones</u>		Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Richard P. Hammett</u>		How related to deceased <u>Brother-in-law</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>22</u>	How long	<u>About one year</u>
Immediate					
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. D. Hodgdon M.D.</u>			
		Address <u>Pearson Post Office Maryland</u>			
Accident or Suicide? <u>—</u>					



Name in Full

Certificate of Death

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808



Name in Full

Certificate of Death

Mary C. Somerville

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

6

17

Age

69

Steward

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Nephritis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Thos. Loyde

Address

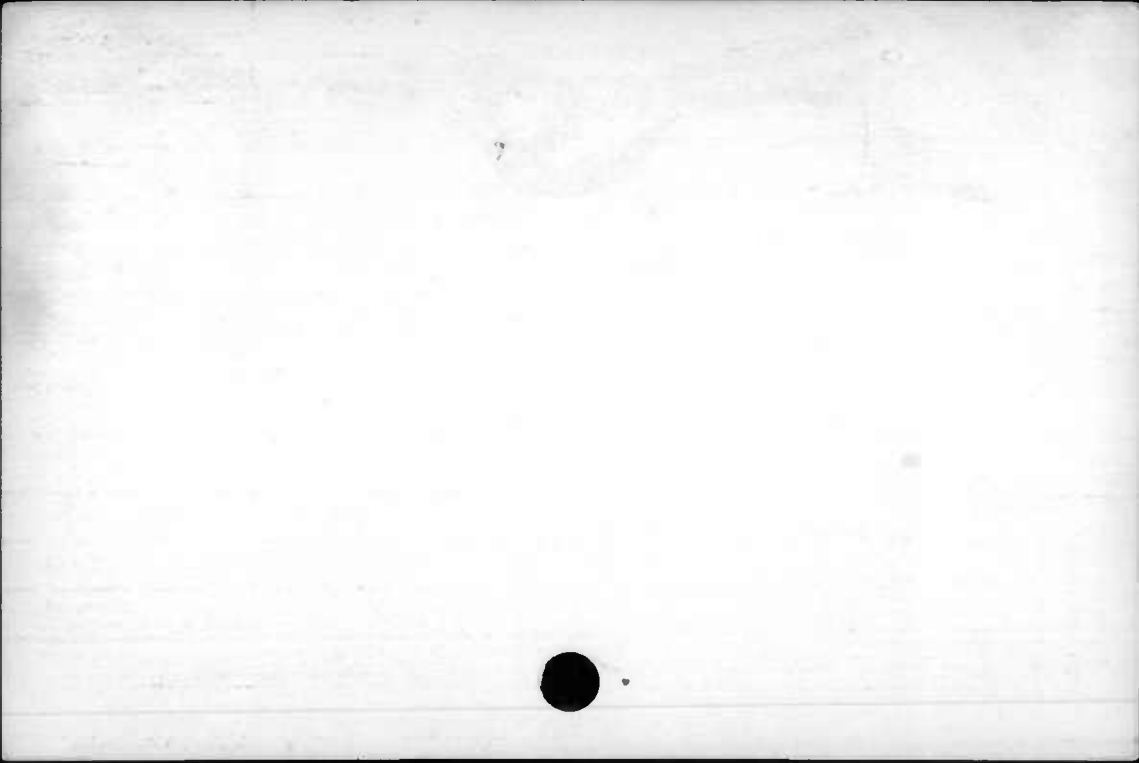
Leonardtown

Edw

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Grant Young				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name		Mother's Maiden Name		Father's Birthplace		
		Name of person giving information		How related to deceased		Mother's Birthplace		
		CAUSES OF DEATH		Primary		How long		
		Immediate		How long				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Potomac River* Town*H. May's* CountyDate of death *190* Month *June*Day *—*Age *—* Years *—*Months *—*Days *—*Sex *male*Color or Race *Colored*Birth-place *—*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *W. M. Freeman*How related to deceased *—*

CAUSES OF DEATH

Primary *unknown to July*How long *—*Immediate *drowning*How long *—*Are the name, age, sex, color, date and place correctly given above? *—*Signature of Physician *R. M. S. Palmer**—*Address *Salinas*Accident or Suicide? *—**no d.*

